

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
MARINE WATER MONITORING
P.O. BOX 405 – STONEY HILL ROAD
LEEDS POINT, NEW JERSEY 08220
(609) 748-2000

APPLICATION FOR SPECIAL PERMIT TO HARVEST AND SELL FOR BAIT PURPOSES
ONLY SEA OR SURF CLAMS (Spisula solidissima) FROM PROHIBITED WATERS.

DATE: _____

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

TELEPHONE #: _____

DRIVERS LICENSE #: _____

DATE OF BIRTH: _____ SS# _____

Sea Clam Bait License Number as issued by the Division of Fish, Game and Wildlife:

Applicant shall provide a copy of their valid Sea Clam Bait License with the application.

Vessel Name and Number: _____

1. Boat LOA, gross tonnage and design: _____

2. Dock or mooring location: _____

3. Dredge size (length of cutting bar) and type (hydraulic, dry etc.): _____

4. Approximate number of bushels that you expect to harvest on a daily basis (this will not obligate you to the number indicated): _____

5. Specify location and give description of storage area(s) for both shell and shucked bait product: _____

6. How soon after harvest will shellstock be shucked?: _____

7. Location(s) where shucking will occur: _____

8. You own controls to insure that shellfish harvest from Prohibited waters, both shell and shucked, will not be accidentally or intentionally removed without your knowledge.
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9. Do you intend to harvest shellfish from Approved waters for human consumption, utilizing the boat identified above?: _____
10. When do you intend to conduct your Prohibited area bait harvesting operation? (this will not obligate you to the dates indicated): _____
11. General areas where you intend to conduct your harvesting operation (this will not limit you to the area(s) indicated:) _____
12. Do you intend to sell any of the shellfish (bait) harvested from Prohibited waters?:

13. If so, to whom: (i.e. bait dealers, other fisherman. etc.): _____
14. If you intend to use them yourself, in what way?: _____
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I understand that if there is any variance from what I have indicated, (excluding items 4, 10 and 11), I will notify the permitting agency (Marine Water Monitoring) of same.

Please include one each of your yellow tags and signs as required in N.J.A.C. 7:12-9.3
(b) 9 and 12

It is the responsibility of the permittee to keep the Bureau of Marine Water Monitoring informed of his current mailing address. A change of address from that submitted on the aforementioned application, as well as subsequent changes therefrom, must be reported in writing to the Leeds Point Office within one week of change.

PLEASE NOTE:

If, upon review of this application, the Bureau issues the applicant a permit, that permit is issued subject to the requirements and conditions as set forth in 1 through 14, above. Violation of one or more any of these requirements and conditions may subject the permit holder to enforcement action under N.J.S.A. 58:24-3. Such enforcement action may include, but will not necessarily be limited to, suspension or revocation of the permit. By signing this application below, the applicant states that he or she understands and agrees to comply with all such requirements and conditions.

This application must be accompanied by a fee of \$25.00 (check or money order) in accordance with N.J.S.A. 58:24-3. **(PLEASE DO NOT SEND CASH). PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER STATE OF NEW JERSEY**

SEND TO: Robert Connell, Jr., Chief
Marine Water Monitoring
P.O. Box 405 – Stoney Hill Road
Leeds Point, New Jersey 08220

Applicant's Signature